

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND                         |                                   |                                     |                                     |   |           |
|---|-----------------------------------|-------------------------------------|-------------------------------------|---|-----------|
| 1 Date of Request: <u>4/22/04</u>                     |                                   | 2 Serial/Patent # <u>10/723,400</u> |                                     |   |           |
| 3 Please refund the following fee(s):                 |                                   | 4 PAPER NUMBER                      | 5 DATE FILED                        | 6 AMOUNT  |           |
|   | Filing                            |                                     |                                     | \$  |           |
|   | Amendment                         |                                     |                                     | \$  |           |
|   | Extension of Time                 |                                     |                                     | \$  |           |
|   | Notice of Appeal/Appeal           |                                     |                                     | \$  |           |
| <input checked="" type="checkbox"/>                   | Petition                          | /                                   | 3/10/04                             | \$ 130.00   |           |
|   | Issue                             |                                     |                                     | \$  |           |
|   | Cert of Correction/Terminal Disc. |                                     |                                     | \$  |           |
|   | Maintenance                       |                                     |                                     | \$  |           |
|   | Assignment                        |                                     |                                     | \$  |           |
|   | Other                             |                                     |                                     | \$  |           |
|   |                                   |                                     | 7 TOTAL AMOUNT OF REFUND            |   | \$ 130.00 |
|   |                                   |                                     | 8 TO BE REFUNDED BY:                |   |           |
|   |                                   |                                     | Treasury Check                      |   |           |
|   |                                   |                                     | <input checked="" type="checkbox"/> | Credit Deposit A/C #:   |           |
|   |                                   |                                     | 9                                   | <div style="border: 1px solid black; display: inline-block; padding: 2px;"> 50--2226 </div> |           |
| 10 REASON:  |                                   |                                     |                                     |   |           |
|   | Overpayment                       |                                     |                                     |   |           |
|   | Duplicate Payment                 |                                     |                                     |   |           |
| <input checked="" type="checkbox"/>                   | No Fee Due (Explanation):         |                                     |                                     |   |           |
| <u>Office Error</u>                                   |                                   |                                     |                                     |   |           |
|   |                                   |                                     |                                     |   |           |
|   |                                   |                                     |                                     |   |           |
| 11 REFUND REQUESTED BY:                               |                                   |                                     |                                     |   |           |
| TYPED/PRINTED NAME: <u>Kenya McLaughlin</u>           |                                   |                                     | TITLE: <u>Petitions Attorney</u>    |   |           |
| SIGNATURE: <u>Kenya McLaughlin</u>                    |                                   |                                     | PHONE: <u>305-0810</u>              |   |           |
| OFFICE: <u>Petitions</u>                              |                                   |                                     |                                     |   |           |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** |                                   |                                     |                                     |   |           |
| APPROVED: <u>Alice Kelly</u>                          |                                   |                                     | DATE: <u>4-22-04</u>                |   |           |

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*

**Office of Finance  
Refund Branch  
Crystal Park One, Room 802B**